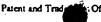
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• If the difference in column 1 is less then zero, enter "O" in column 2								TOTAL	· <u>                                    </u>	_ OF	TOTAL	7D.W	
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5 -		CLAIN REMAIN AFTE AMENDN	IING : R		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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II UI	If the intry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". A  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, inter "3".										oR L	TOTAL DIT. FEE	
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FORM PTO-875 (Rev.10-92)



## Best Avoilable CODY Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09713024 Effective October 1, 2000 ì **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 2) (Column 1) TYPE [ OR SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE FOR NUMBER EXTRA NUMBER FILED BASIC FEE 355.00 710.00 BASIC FEE TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR KFW+ \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II 614-0 OTHER THAN SMALL ENTITY (Column 2) (Column 1) SMALL ENTITY (Column 3) OR CLAIMS HIGHEST d ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT RATE TIONAL AFTER PREVIOUSLY RATE **EXTRA** TIONAL AMENDMENT PAID FOR FEE FEE **Total** Minus X\$ 9= X\$18= OR Independent Minus X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= QR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) VHIGHEST NUMBER PREVIOUSLY ADDI-REMAINING PRESEN ADDI-AMENOMENT AFTER RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 3/ X\$/18= Independent Minus X40= **X80=** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= **-270**= OR TOTAL TOTAL ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES) Ç REMAINING NUMBER ADDI-PRESENT ÀDDI-AFTER AMENDMENT **AMENDMENT** RATE PREVIOUSLY TIONÀ EXTRA ATE TIONAL PAID FOR FEE/ FEE Minus Total X\$ 9= X\$18= OR Independent Minus X40: =08X FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Ŋ̈́R +135= +270⊭ OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT, FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE